



Covina Police Department  
444 North Citrus Avenue  
Covina, CA 91723  
(626) 384-5595, Ext. 5623  
<http://www.covina.ca.gov/city-departments/police>

**ENTERTAINMENT PERMIT:  
PART A  
ESTABLISHMENT & APPLICANT  
INFORMATION**

**ENTERTAINMENT PERMIT APPLICATION:  
PART A – ESTABLISHMENT & APPLICANT INFORMATION**

*(Please type or print clearly. If additional space is needed, attach additional pages.)*

BUSINESS INFORMATION													
<b>Date:</b>	<b>Permit Type:</b> <input type="checkbox"/> Initial <input type="checkbox"/> Subsequent <input type="checkbox"/> Special Event					<b>Application No.:</b> <i>To be completed by Police Dept.</i>							
<b>Business/Event Name:</b>													
<b>Business/Event Address:</b>													
<b>Contact Telephone Number:</b>						<b>Fax:</b>							
<b>Business Website:</b>													
<b>Business Type:</b>	<input type="checkbox"/> Restaurant		<input type="checkbox"/> Bar		<input type="checkbox"/> Night Club		<input type="checkbox"/> Retail		<input type="checkbox"/> Other (specify) _____				
<b>Covina Bus. License #:</b>			<i>(Copy of license must be attached)</i>										
<b>ABC License #:</b>			<b>ABC License Type:</b>			<i>(Copy of license must be attached)</i>							
<b>Days of Operation:</b> (Check all that apply)		<input type="checkbox"/> M		<input type="checkbox"/> Tu		<input type="checkbox"/> W		<input type="checkbox"/> Th		<input type="checkbox"/> F	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun	
<b>Hours of Operation:</b>		_____ to _____		_____ to _____		_____ to _____		_____ to _____		_____ to _____		_____ to _____	
<b>Hours of Food Service:</b>		_____ to _____		_____ to _____		_____ to _____		_____ to _____		_____ to _____		_____ to _____	
		<i>(Copy of menu(s) must be attached)</i>											
<b>Proposed Age Limits:</b>		<input type="checkbox"/> 21+ (at all times) <input type="checkbox"/> 18+ (at all times) <input type="checkbox"/> No age limit (at any time) <input type="checkbox"/> Other (specify): _____											
<b>Name of Manager(s):</b>		_____					<b>CA Driver's License/ID #:</b>		_____				
<b>Gross Sq. Footage:</b>		<b>Total:</b>				<b>Rest/Bar:</b>				<b>Dance:</b>		<b>Patio:</b>	
<b>Number of Parking Spaces:</b>		<b>On-Site:</b>		_____		<b>Off-Site Parking Location:</b>		_____					
<b>Security Alarm System?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Fire Sprinkler System?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No							

ENTERTAINMENT INFORMATION							
<b>Proposed Entertainment:</b> (Check all that apply)	<input type="checkbox"/> TV	<input type="checkbox"/> Karaoke	<input type="checkbox"/> DJ	<input type="checkbox"/> Comedy	<input type="checkbox"/> Dance		
	<input type="checkbox"/> Other ( <i>specify</i> ): _____						
<b>Days of Week:</b> (Check all that apply)	<input type="checkbox"/> M	<input type="checkbox"/> Tu	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
<b>Proposed Hours of Entertainment</b>	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____
<b>Special Event Date(s):</b>	_____						
<b>Special Event Hours:</b>	_____						
<i>Attach copy of any special event flyer/advertisement.</i>							
<b>Will an Event Promoter be Used?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		<i>If "yes", provide name, address, and contact information of Event Promoter.</i>				

BUSINESS OWNERSHIP		
<b>Business Owner:</b>	_____	
<b>Mailing Address:</b>	_____	
<b>Contact Person:</b>	_____	
<b>Contact Telephone Number:</b>	_____	<b>Contact E-Mail:</b> _____
<p>Select the type(s) of business entity that owns and/or controls the entertainment establishment. Applicant is required to complete and submit the referenced Exhibit(s) based upon the type of business entity owning and/or controlling the entertainment establishment.</p>		
<input type="checkbox"/> Natural Person (Exhibits 1 & 6)	<input type="checkbox"/> Corporation (Exhibits 2 & 6)	<input type="checkbox"/> Limited Liability Company (Exhibits 3 & 6)
<input type="checkbox"/> Limited Partnership (Exhibits 4 & 6)	<input type="checkbox"/> General Partnership (Exhibits 5 & 6)	<input type="checkbox"/> Combination (Exhibits based upon combination)
<input type="checkbox"/> Other (Describe the entity or entities): _____ _____		

<p>I, the undersigned, have read Covina Municipal Code Chapter 5.28 ("Entertainment") with reference to this application and the presentation of entertainment in the City of Covina. I am duly authorized as or by the business owner to submit this application on the business owner's behalf. I affirm under penalty of perjury that the contents of this application (and all Exhibits and Attachments hereto) are true and accurate.</p>			
<b>Business Owner's /Agent's Printed Name:</b>		<b>Title:</b>	
<b>Business Owner's/Agent's Signature:</b>		<b>Date:</b>	
<b>Contact Telephone No.:</b>	_____	<b>E-Mail Address:</b>	_____

PROPERTY INFORMATION:			
Assessor Parcel Number:		Zoning Designation:	
Property Owner:			
Owner's Mailing Address:			
Owner's Telephone No.:		Fax Number:	
Owner's E-Mail Address:			
Current Use of Property:			
Applicable Land Use Entitlements (e.g., CUP):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, attach copies of entitlements.</i>	
Open or Pending Building Permits:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If so, attach copies of any such permits.</i>	

I, the undersigned, am duly authorized as or by the property owner to provide consent for this application on the property owner's behalf.			
Property Owner's Printed Name:			
Property Owner's Signature:		Date:	

**ATTACHMENTS** (check all that apply):

- ☐ Exhibit 1
- ☐ Exhibit 2
- ☐ Exhibit 3
- ☐ Exhibit 4
- ☐ Exhibit 5
- ☐ Exhibit 6
- ☐ Authorization for Release of Information
- ☐ Covina Business License
- ☐ ABC License
- ☐ Menu(s)
- ☐ Event Flyer/Advertisement
- ☐ Land Use Entitlements
- ☐ Building Permits
- ☐ Additional Pages (Number of additional pages: \_\_\_\_)
- ☐ Floor/Site Plan
- ☐ Security Plan